



State Ethics Commission

REGISTRATION FORM FOR A CAMPAIGN COMMITTEE FOR USE BY CANDIDATE

Any substantive changes to the registration information of a committee must be updated within 7 business days.

Form RC

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| 1 | Today's Date: _____ | <input type="checkbox"/> Original <input type="checkbox"/> Amendment |
| 2 | Committee (Full Name): _____ Address: _____ City, State, Zip: _____ Telephone Number (Optional): _____ and/or _____ | |
| 3 | Campaign Committee Chairperson (Full Name): _____ Address: _____ City, State, Zip: _____ | |
| 4 | Treasurer (Full Name): _____ Address : _____ City, State, Zip: _____ | |
| 5 | Candidate (Full Name): _____ Address: _____ City, State, Zip: _____ Telephone Number (Optional): _____ and/or _____ | |
| 6 | Name of Office Sought (include district, post or judicial circuit, if applicable) State: _____ County: _____ Municipal: _____ | Party Affiliation (Optional): <input type="checkbox"/> Democrat <input type="checkbox"/> Republican <input type="checkbox"/> Non Partisan <input type="checkbox"/> Other _____ |
| 7 | Incumbent Name: _____ | Election Year: _____ |

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE, AND ACCURATE.

Signature of Person Registering Committee

Date